

MILWAUKEE GAMP/ BC+ CORE PLAN FOR CHILDLESS ADULTS – ELIGIBILITY COMPARISON

FACTOR	GAMP	BADGERCARE PLUS CORE PLAN FOR CHILDLESS ADULTS
PHILOSOPHY		
	<p>Urgent/emergency care as needed for those not otherwise covered.</p> <p>Service delivery is episodic and based on point of service.</p>	<p>Preventative care for the chronically uninsured.</p> <p>The BC+ Core Plan for childless adults is a prospective, insurance-like program.</p>
BASIC ELIGIBILITY		
Categorical Eligibility	<p>No specific stated “categorical eligibility” requirements; see residency, coverage, verification, income requirements.</p>	<ul style="list-style-type: none"> • Between the ages of 19 and 64 (inclusive). • Not eligible for any type of full-benefit Medicaid, SCHIP or Medicare coverage. • Not pregnant, or the parent/ caretaker relative of a child under age 19 who is residing with him/her and under his/her care.
Citizenship/Residency	<ul style="list-style-type: none"> • US citizen or qualified alien equivalent to DHS policy and • Milwaukee County resident for 180 days or meet one of the 4 waivers: <ul style="list-style-type: none"> ○ Born in Milwaukee County. ○ Resided in Milwaukee County 365 continuous days in the past. ○ Moved to Milwaukee County to join a close relative. ○ Move to Milwaukee County to accept an offer of employment. 	<ul style="list-style-type: none"> • US Citizen or qualifying immigrant. • Physically present in Wisconsin and express the intent to reside here.

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Family Size	<p>Single adults and married couples. Spouse must be on the application and included in the family size, even if the spouse is not requesting benefits. Sponsors and legal dependents are counted in the household.</p> <p>Income less than: Family Size (1) = less than \$902/month. Family Size (2) = less than \$1,166.</p> <p>Income considered: Gross income. No disregards. If self-employed, gross profit is counted as income.</p>	<p>Single adult or married couple only. Cannot have dependent children living in the home more than 40% of the time.</p> <p>Income less than: 2008 Family Size (1) = \$1733.33/month. 2008 Family Size (2) = \$2333.33/month.</p> <p>Income considered: Gross income, no disregards or deductions. If self-employed, count gross income minus allowable business expenses.</p>
Assets	Not considered.	Not considered.
Backdating	None.	None.
OTHER ELIGIBILITY FACTORS		
Medical Need	Must demonstrate medical need. (Presenting to a medical facility for care or the desire to seek medical or preventative care meets this criteria).	Can enroll any time.
Health Needs Assessment	Not required.	Completion of a short survey about health and health needs is a mandatory activity in order to be determined eligible and be enrolled.

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HMO Selection	Not required to enroll in an HMO, but participants must select a clinic upon application.	<ul style="list-style-type: none"> Applicants must select an HMO prior to enrollment. <ul style="list-style-type: none"> Note - although they will be converted to the BC+ core plan for CLAs effective January 1, GAMP recipients will not need to choose HMOs prior to conversion. They will be enrolled in HMOs at some point after that time.
Physical Exam	Not required.	Members of the BC+ core plan for CLAs must complete a physical exam in the first 12 months of enrollment of the program, and each year thereafter.
Health insurance: Access and Coverage		
Coverage - Public	Cannot be eligible for or participating in any entitlement programs (SSI, Medicaid, and Medicare). <ul style="list-style-type: none"> Can be in a disease program (HIV, TB). Can be in the Family Planning Waiver program. 	<ul style="list-style-type: none"> Cannot be eligible for any type of full-benefit Medicaid, SCHIP or Medicare coverage. <ul style="list-style-type: none"> However, if a disabled person who otherwise qualifies for CLA is not yet eligible for Medicare and is in an "unmet deductible" status or has assets that exceed program limits for EBD MA, s/he can enroll in CLA until s/he becomes eligible for Medicaid or Medicare. In addition, a pregnant CLA enrollee who has not yet verified the pregnancy can remain enrolled in CLA until she is enrolled in full-benefit BadgerCare Plus and disabled adults who could otherwise qualify for MAPP with a premium can choose to enroll in CLA.
Coverage - Private	Cannot be eligible for or currently participating in other health insurance programs.	An individual is ineligible for the BC+ core plan for CLAs if covered by any private insurance at application or in previous 12 months. Good cause reasons can be considered.

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Past Access	Patient must demonstrate coverage is no longer accessible.	An individual with access to employer subsidized insurance through his/her current employer in previous 12 months is ineligible for coverage through the BC+ core plan for CLAs, regardless of level of employer contribution of applicant/spouse. Good cause reasons can be considered.
Current Access	Patient can receive benefits until coverage is accessible, as long as the patient has not refused this coverage in the past.	An individual with access to employer subsidized insurance within the month of application or following three months is ineligible for the BC+ core plan for CLAs, regardless of level of employer contribution of applicant/spouse. Good cause reasons can be considered.
VERIFICATION		
Required	<ul style="list-style-type: none"> • Photo ID . • Proof of Milwaukee County residency. • Proof of income (check stub, letter from employer, award letter, taxes, etc.) • Verifiable SSN. 	<ul style="list-style-type: none"> • Verification of identity. • Verification of residency required only if deemed questionable. • Proof of job and other income. • SSN (or proof of application for a SSN). • Citizenship and identity. • For immigrants, proof of immigration status.
As Needed	Any items deemed questionable.	Any items deemed questionable.
Method of Verifying	<p>The provider is required to use all reasonable means to collect documentation to prove GAMP eligibility when accepting and submitting a GAMP application for a patient at time of service.</p> <p>GAMP uses online verification and crossmatches to verify information.</p> <p>The patient may submit additional documents for a redetermination of eligibility.</p>	<ul style="list-style-type: none"> • Data exchanges will be used to obtain as much information as possible. • When needed, member will submit information/documents to the Enrollment Services Center (ESC) via phone, fax or mail as appropriate.

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ENROLLMENT PROCESS		
How to Apply	<ul style="list-style-type: none"> • Application takes place at Milwaukee County ER, GAMP-contracted primary care clinics & GAMP outstations. • Providers mail or deliver materials to county GAMP office. 	<ul style="list-style-type: none"> • The BC+ core plan for CLAs population (see “categorical eligibility above) should apply for any/all programs online or via the phone using the BadgerChoice website and/ or Enrollment Services Center. More details about this process will be made available soon. <ul style="list-style-type: none"> ○ Note: those on GAMP effective 12/1/08 will be automatically converted to the BC+ core plan for CLAs – no new application is necessary.
Application languages	Spanish and English. Providers are required to provide translation to assist non-English speaking individuals to complete an application.	There is no paper application. The ESC will be required to provide services in other languages besides English.
Who applies together?	Self, spouse.	<ul style="list-style-type: none"> • Single adult or married couple only. • If there are other household or family members, application should be made at the local Income Maintenance Agency to see what programs they may qualify for.
FEE		
	\$50 non-refundable application fee / 6 months per individual. (The fee is waived for homeless individuals without income and in a HUD approved homeless shelter).	<ul style="list-style-type: none"> • A non-refundable, annual application fee is required. • The fee is anticipated to be \$60 per year for tier 1 HMOS and \$75 for tier 2 HMOs. • Only one application fee is required from a married couple. • The fee is always waived for homeless applicants/ members. The HUD definition of homelessness is used.

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		<ul style="list-style-type: none"> The initial fee will be waived for those enrolled through the GA medical conversion. Applications will not be processed until the application fee is received.
ENROLLMENT		
Start Date	Date of medical need/application	Coverage begins on the 1 st or 15th following eligibility determination and confirmation.
Enrollment Period	Up to 6 months. Benefits will end if patient becomes eligible for another benefit program or insurance or patient no longer meets the program criteria. Patients are required to report any changes in income, residency, or status within 10 business days.	The enrollment period will be “frozen” for one year, except in cases of: attainment of age 65, moving out of Wisconsin, admission to an IMD, incarceration, eligibility for Medicare, attainment of insurance or becoming eligible for full-benefit Medicaid.
Enrollment in HMO	No HMO enrollment - participants select a clinic upon application	<ul style="list-style-type: none"> Services are usually provided via Health Maintenance Organizations (HMOs). Members are enrolled prospectively into an HMO after eligibility has been confirmed. There is no backdating of eligibility/enrollment. There is no "emergency services" coverage component.
COST SHARING		
	GAMP requires a \$20/visit co-pay for covered emergency room services. Medications have \$3 generic, \$5 brand name co-pay.	Co-pay amounts vary based on whether income is at or below 100% FPL, or between 100% and 200% FPL. Co-payment amounts for at or under 100% are nominal fees (\$0.50 - \$3.00). For 100-200%: non-institutional services are a nominal fee, outpatient hospital is \$15, emergency services are \$60, and inpatient hospital is \$100.

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CHANGE REPORTING		
	GAMP participants are required to report changes in income, residence, insurance, and family composition w/in 10 days of the change if it affects their program eligibility.	After initial confirmation, financial changes do not affect eligibility. The enrollment period will be “frozen” for one year, except in cases of: attainment of age 65, moving out of Wisconsin, admission to an IMD, incarceration, eligibility for Medicare, attainment of insurance or becoming eligible for full-benefit Medicaid.
RENEWAL		
	Renewals are done every 6 months.	<ul style="list-style-type: none"> • Renewals will occur annually and can be done online or by phone via the ESC. • Completion of the HNA is a condition of initial enrollment and annual renewal. • A physical exam must be done by the time of initial renewal. Failure to obtain the physical exam will result in a six month waiting period before the individual can renew his/her membership in BC+ CLA. • Although all GAMP participants will be converted to the BC+ core plan for CLAs in January 2009, certification periods will be set for at least 12 months, and renewals dates will be spread out so that they do not all occur in December 2009.



State of Wisconsin
Department of Health Services

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